

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/19/2018
NAME OF PROVIDER OR SUPPLIER BETH SHOLOM HOME OF VIRGINIA		STREET ADDRESS, CITY, STATE, ZIP CODE 1600 JOHN ROLFE PARKWAY RICHMOND, VA 23233		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 000	Initial Comments A biennial State Licensure Inspection was conducted in the facility 1-16-18 through 1-19-18. Significant Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements and Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow. One complaint was investigated during the survey. The census in this 116 certified bed facility was 85 at the time of the survey. The survey sample consisted of 18 current Resident reviews (Residents #73, 81, 58, 24, 23, 18, 52, 69, 53, 54, 70, 47, 57, 35, 25, 233, 64, and #133) and four closed record reviews (Residents #12, #83, #85, and #383).	F 000		
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations, which are cross referenced to the federal citations: 12VAC5-371-110 Management and Administration Please Cross reference to F-606, and F-609. 12 VAC 5-371-250 Resident Assessment and Care Plan Please Cross reference to F-655, F-656, and F-657. 12VAC 5-371-220 Nursing Services Please Cross reference to F-689	F 001	F 001 - State Licensure Requirements 12 VAC 5-371-110 Management and Administration Please cross reference Plan of Correction for F606 and F 609 12 VAC 5-371-250 Resident Assessment and Care Plan Please cross reference Plan of Correction for F655, F656 and F 657 12 VAC 5-371-220 Nursing Services Please cross reference Plan of Correction for F689	3/2/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

02/09/18

State of Virginia

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F 001	Continued From page 1 12VAC5-371-340 Dietary and Food Service Program Please Cross reference to F-812. 12VAC5-371-210 Verify Licensure No federal cross reference	F 001	12VAC5-371-340 Dietary and Food Service Program Please Cross reference to F-812 12 VAC 5-471-210 Verify Licensure Please cross reference Plan of Correction for F606	